IAC Standing Committee

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CONFIDENTIAL

23 March 1949

MEMORANDUM FOR: STANDING COMMITTEE MEMBERS OF THE IAC
(As requested by Mr. Booth at the end of the March 22 meeting)

NOTES ON THE MEETING OF THE STANDING COMMITTEE MARCH 22, 1949

MEDICAL INTELLIGENCE

1. The meeting was opened by the Chairman by reading paragraphs 2 and 3 of Mr. Forrestal's letter dated 5 March. He stated that the DCI wished to have an NSCID closely following Mr. Forrestal's suggestions.

2. It was apparent that contrary to the statement in paragraph 3 of Mr. Forrestal's letter this subject had not been discussed with the Heads of the Service Intelligence Agencies and that they had not indicated their general concurrence about centralizing medical intelligence in CIA. The representatives of the Services stated that they in no way considered Mr. Forrestal's letter a directive.

3. The views expressed by the members who were present are indicated below:

ARMY

Shortage of competent medical officers was pointed out.
Should the IAC or the JIC handle this matter?
Wants a study made re Medical Intelligence.
ID has not heretofore done this. The Surgeon General's Office evaluates Medical Intelligence for ID and produces it chiefly for medical personnel.
Strategic for planners, operational for field commanders, etc.
Surgeon General's Office is also doing the NIS Medical Chapters.
By agreement in the Services, the Army plays the leading role in Medical Intelligence.

STATE

A detailed description of Medical Intelligence and a report are wanted.
How will the collection be made and by whom?

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NAVY

Favors centralization, but is not convinced CIA is the place.

Not convinced this is a service of common concern. Thinks it may be predominantly military.

Should the AID system be followed, in which the Air Force is predominant for the two participating Services? In this case three Services would participate, instead of USAF and Naval Air.

There is a shortage of medical personnel.

This subject should be tied in with the planners.

AIR

Has no firm position on this, but would like to have a study made before giving final approval to a NSCID centralizing it in CIA.

Is against fragmentation into subjects of the whole of Medical Intelligence.

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THE HAWLEY REPORT

Dr. Turner of the Army's Surgeon General's Office said the Hawley Report had a Utopian recommendation that Medical Intelligence should be set up in a unit under the Secretary of Defense, but it offered an alternative which he thought has not been given full consideration by the dissenting Service Secretaries; i.e., a three-Service-Office in command channels to handle this subject. He referred to the success of the Armed Service Medical Procurement Agency, a supply office which has been functioning for three years run by the three Surgeons General. Captain Sapero, USN, said the big question is whether it should be located in CIA or the NME. He also pointed out that there have been seven different reports on this subject with as many different recommendations; including the Dulles, Eberstadt, Hawley and now Secretary of Defense to CIA. He admits that Medical Intelligence is an orphan, but hopes it is entering a new era.

As a result of his participation in the Hawley Study, Captain Sapero recommends that Medical Intelligence be divided into the following categories and that these first and third sections be placed in CIA:

I. "Strategic" (in CIA)

1. Atomic-Bacteriological-Chemical Warfare are tied in with Medical Intelligence.

2. Medical Intelligence from behind the Iron Curtain (covert).

II. Geographic (Where?)

Endemic diseases, etc., now somewhat, but not completely,

covered by the NIS Program.

III. Scientific (in CIA)

Discovery of drugs, preventives against malaria, etc. R&DB is interested in this.

IV. Biographic register of all scientists (now in CIA)

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Dr. Machle advocated limited centralization and outside contact to treat Medical Intelligence as a whole, closely tied in with Scientific Intelligence.

Dr. Turner, Surgeon General's Office, also favors centralization of production, but he wants it to include all Medical Intelligence at one point, with collection from various agencies. He thinks 90% pertains to the Armed Forces and only 10% otherwise. But whoever produces it could produce for all agencies. This is beyond what was envisaged by the others, including Dr. Machle.

Colonel Booth of State wants a study prepared for the Standing Committee similar to a SANACC paper; a study, not an argument, by a small drafting committee.

When pinned down about the Proposed NSCID, Air was the only one who would go along with it. State wants definition of Medical Intelligence, and qualification re collection. Navy is not certain that CIA is the proper place. Numerous agencies outside the IAC are interested. Army wants a study on the subject re centralization, responsibilities, and definition.

Dr. Machle, CIA, in consultation with the Service Agencies, will draw up a study giving consideration to: What is to be covered? Is CIA the place for this centralization? Personnel to do the job? and Increased collection responsibility?

PRESCOTT CHILDS
Chief, ICAPS, CIA